U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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For Official Li	e Only			
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OLMS				
1. File Number	U- 88.			

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8690  3. Name and address of person filing.  Name Robert 2 ENGLISH	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004  4. Name, file number, and address of labor organization.  Name LABORERS UNISH # 66					
	Name, file number, and address of labor organization.					
Name ROBERT & ENGLISH	Name LABORERS UNION # 66					
	Labor Organization File Number					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 1600 WALT WHIT MAN ROAD	Street 1600 WALT WALT MAN FOR					
City MELVELLE	City Mources					
State NEW YORK ZIP Code +4 1/747-3579						
5. Position in labor organization.  BUSTNESS ABENT						
10031708357708071						
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.						
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
	7.b. Amount.					
Street	N					
City	The second of th					
State ZIP Code + 4						
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ė.	Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	f Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the					
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	f Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the					

Name of Person Filing	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name GRAGRA(BBLG. LABORERS LOCA) 66 WELFREE FINE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1600 WALT WHITMAN PO  City MEIVILLE  State NEW YORK ZIP Code +4 (1247-3088)	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  ATTENDED Holiday Partyon 12-13-04			
	12.b. Amount. \$6.5			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	removed the second seco			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			
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Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or adirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Mason Tandars District Council Training for Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 5-10 8-71 AUS  City Now York  State Now York ZIP Code +4 199/2 - 4/96	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.	But I, M. Lamber I and the lamber Johnson in the lamber of
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  ATTENDED DINNER AT BUILDING TRADES  Confirmence in WASHINGTON D.C. on  3130104	With the second
	12.b. Amount. \$100	en y god
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	- Company of the Comp
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	L'amount de l'amou

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name CREATER NY LECE!  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 266 W. 3) 7757. Sulfa 100  City New York  State New York  ZIP Code +4 10017-4196	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c, is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.a. Nature of such dealing.	
City ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  RTBNDED & DINNER IN SOPE	Ember 2004
	12.b. Amount.	\$56
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.	
Trade Name, if any:		of memory and of transport many
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		THE PARTY OF THE P
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	